SC	CHEDULE B (FEC Form 3)	Use separate schedule(s)	nedule(s)	FOR LINE NUMBER: PAGE 192 OF 193
		for each category of the	` '	(check only one)
	EMIZED DISBURSEMENTS	Detailed Summar		17 18 19a 19b
				20a 20b 20c X 21
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full)				
\rangle	Courtney for Congress			
۹.	Full Name (Last, First, Middle Initial) CT Democratic State Central Committee			Date of Disbursement
	Mailing Address 330 Main Street			09 / 11 / 2012
	City State Zip Code			Amount of Each Disbursement this Period
	Hartford CT 06106			
	Purpose of Disbursement Contribution			5000.00
				Transaction ID : D530356
	Candidate Name Category/ Type			
	Office Sought: House Disbursement For Senate Primary	: General		
	President Other (s	specify)		
	State: District:			
	ull Name (Last, First, Middle Initial)			
3.	CT Democratic State Central Committee			Date of Disbursement
	Mailing Address 330 Main Street			09 / D D / Y Y Y Y Y Z Z Z Z Z Z Z Z Z Z Z Z Z Z
	City State	Zip Code		Amount of Each Disbursement this Period
	Hartford CT 06106			
	Purpose of Disbursement Contribution			5000.00 Transaction ID : D530366
	andidate Name		Category/ Type	Transaction is . Sococo
	Office Sought: House Disbursement For	:		
	Senate Primary	General		
	President Other (s	specify)		
	State: District:			
	Full Name (Last, First, Middle Initial)			
Э.	Democratic Congressional Campaign Committee Mailing Address 430 South Capitol Street SE 2nd FI State Zip Code			Date of Disbursement
				09 / D D / Y Y Y Y Y Z Z Z Z Z Z Z Z Z Z Z Z Z Z
				Amount of Each Disbursement this Period
		0003		8000.00
	Purpose of Disbursement Transfer of Excess Campaign Funds			
	Candidate Name		Category/ Type	Transaction ID : D530367
	Office Sought: House Disbursement For			
	Senate Primary	General		
	President Other (s	specify)		
	State: District:			
SUBTOTAL of Disbursements This Page (optional)				
CODITIONE OF DISDUISEMENTS THIS Lage (Optional)				

TOTAL This Period (last page this line number only).....